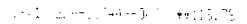
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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W22-44987



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1-FORATIONS TUMBERCIAL FOVINES

April 5, 2022

MARLEYBIS CUE CONCEPCION EXCLUSIVIDADES OLGIMAR LLC 1580 WEST 37TH STREET HIALEAH, FL 33012

SUBJECT: EXCLUSIVIDADES OLGIMAR INC

Ref. Number: W22000044987

We have received your document for EXCLUSIVIDADES OLGIMAR INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please complete the marked sections in the Articles of Conversion. A signature is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 422A00007925

2022 HAY 16 PH 4: 19

COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Exclusividades Olginar LLC Name of Resulting Florida Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:
MARIEY bis CUE CONCEPCION Contact Person
Exclusividades Olgiune LLC Firm/Company
1580 West 37th Street Address
HIA/EAH, FL 33012 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIEY bis CUE CONCEPCION at (786) 389-1133 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Exclusividades Olgimente LLC Enter Name of the Converting Entity
Enter Name of the Converting Entity
2. The converting entity is a
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
onO 1 15 2020 Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Exclusividades OlgIMAR INC
Enter Name of Fjorida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: O1 01 2022 (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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Signed this Olday of	2022 ,20	
Required Signature for Florida Profit Corporation		
Signature of Director, Officer, or, if Directors or Officer, or, if Direct	cers have not been selected, an Incorporator	
Required Signature(s) on behalf of Converting Flo companies: [See below for required signature(s).]	rida partnerships, limited partnerships, a	and limited liability
Signature:		X
Signature: Shue Printed Name: MAR/EY bls CVE CO	NCEPCION PRESIDENT	- '
Signature:		_
Printed Name:		_
Signature:		_
Printed Name:	Title:	_
Signature:		-
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	202
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		P PL
All others: Signature of an authorized person.		
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	1985. F: 19

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: EXCLUS	IVI dades	OlgIMAR	INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		U	
Principal street address		Mailing address, if	different is:
1580 WEST 37th Street		SAUE	
HIALENH, FL 33012			
The purpose for which the corporation is organized is: SALE OF RELIGIOUS	rteus		
U			·
			
			<u> </u>
·			;
he number of shares of stock is:			
RTICLE V OFFICERS AND/OR DIRECTORS	- 1		
Name and Title MARIEY bis CUE CONCEP	Name and Title:	·	. ,
Name and Title MARIEY bis CUE CONCEPTANTES: 1580 WEST 37th St.	Address:		· · · · · · · · · · · · · · · · · · ·
HIALEAH, FL 33012		<u> </u>	
ame and Title:	Name and Title	:	2022 HAY
Address:	Address:		SE: 6
Name and Title:	Name and Title:		
Address:	Address:		

The name	e and Florida street address (P.O. Box NOT acceptable	le) of the registered agent is:
Name:	MARIEY bIS CUE CONCEP	C10D
Address:	MARIEY bis CUE CONCEP 1580 West 37th StREET	/
	HIALEAH, FL 33012	
	,	
******	*********	*******
	een named as registered agent to accept service of pro icate, I am familiar with and accept the appointment a	cess for the above stated corporation at the place designated in
inis ceruji	i i i i i i i i i i i i i i i i i i i	
		01/01/2022
	Required Signature/Registered Agent	Date /

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